



**AGREEMENT
Accessible Taxicab Financial
Incentive Program**

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| | |
| Last Name | First Name |

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| |
| Licence No. |

| Office Use Only: | Rec. | Req. |
|-------------------------------|------|------|
| HST Registration # | | |
| Licence Valid | | |
| EFT-Electronic Funds Transfer | | |
| Signed Agreement | | |

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| |
| Address |

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|--------------|---------------|
| | |
| Phone Number | Email Address |

To participate in the Accessible Taxicab Financial Incentive Program, you must comply with the regulations below:

DUTIES OF A TAXICAB DRIVER

46.(1) No licensed taxicab driver shall fail to:

(E) in addition to complying with all other requirements of this Schedule with respect to taxicab drivers, every licensed accessible taxicab driver shall:

(i) ensure that all wheelchairs being transported within the taxicab are securely fastened so as to prevent them from moving when the taxicab is in motion;

(ii) ensure that the accessible taxicab he or she is operating:

- is equipped with an extra tire, wheel and jack ready for use for that vehicle;
- is in compliance with Regulation 629 of the Revised Regulations of Ontario, 1990 (Vehicles for the Transportation of Physically Disabled Persons) made under the Highway Traffic Act; and
- has wheelchair tie down that comply with the regulations set out in subsection (ii) above;

(iii) ensure that only a person licensed under the provisions of this Schedule as an accessible taxicab driver, and whose licence is endorsed by the Director of Licensing, is permitted to drive an accessible taxicab under his or her control;

(iv) keep accurate, daily, records of the number of trips made for disabled passengers and for non-disabled passengers; and

(v) give priority to the use of the accessible taxicab by disabled passengers, and then permit its use for non-disabled passengers.

- Contravention against the by-law are subject to penalties.
- The \$5.00 (plus HST) per dispatched trip will be paid on a bi-weekly basis, using direct deposit

- Completed Direct Deposit Form attached
- Valid Accessible Taxicab Licence
- HST Registration Number _____

Authorization to Proceed

I, (please print name) _____ acknowledge it is my responsibility to notify the City of Hamilton in writing immediately of any change in the information provided, during the course of the Financial Incentive Program and the course of a licence application to ensure compliance with City of Hamilton Licensing By-Law 07-170.

I, (please print name) _____ agree to the terms of the Accessible Taxicab Financial Incentive Program as outline above and would like to be signed up for the program.

Date

Note:

Providing false or incomplete information could result in the refusal of this application or removal from the Accessible Taxicab Financial Incentive Program, or in a recommendation to the Licensing Tribunal that your licence be suspended or revoked.

If you have any questions or concerns, please do not hesitate to contact our office using the contact information below:

Accessible Taxicab Licensing

Address: 77 James St. N, Suite 250, Hamilton, On L8R 2K3

Phone: (905) 546-2782 Option# 7

Email: Accessible TaxiCabs: Accessible.Licensing@hamilton.ca

Website: www.hamilton.ca/accessibletaxilicensing

Personal information contained on this form is collected pursuant to subsection 10(1) of the Municipal Act, 2001 S.O. 2001, Chapter 25, and will only be used for the administration of the City of Hamilton's Licensing By-law. Questions regarding the collection of this personal information may be addressed to: Licensing, Licensing and By-law Services, City Centre, 77 James Street North, Suite 250, Hamilton, Ontario L8R 2K3. Phone: 905-546-2782 Option # 7.